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**DURABLE POWER OF ATTORNEY - MEDICAL MATTERS**  
**WITH HEALTH CARE DIRECTIVES**

8/04/05 2:22:58 PM  
BK 109 PG 770 P  
DESO TO COUNTY, MS  
W.E. DAVIS, CH CLERK

By this instrument, I, George Robert Williams, hereby create a durable power of attorney under the provisions of Chapter 404, RSMo., as amended 1991, including the health care provisions of 404.800, RSMo. to the end of the chapter, hence its effectiveness shall not be affected by my subsequent disability or incapacity except as otherwise provided by law.

**ARTICLE I**

I, as Principal, hereby appoint my son, Donald W. Williams, to serve as my attorney in fact to do and perform the powers granted below, but should he fail to serve, I hereby appoint in his place my two sons, Ronald L. Williams and Robert E. Williams, to serve as my Attorneys in fact and Agents and to exercise the powers hereinafter set forth, either jointly or separately.

**ARTICLE II**

I intend this power to be effective in the event of a non-terminal, but incapacitating, illness. In the event that I am unable to receive and evaluate information and to communicate a decision regarding my medical care, I give the Agent the following powers:

(1) Power of Access to and Disclosure of Medical Records. To request, receive and review any information, verbal or written, regarding my physical or mental health, including but not limited to medical and hospital records, and to execute any releases or other documents that may be required in order to obtain such information, and to disclose such information to such persons, organizations, firms or corporations as the Agent shall deem appropriate.

(2) Power to Employ and Discharge Health Care Personnel. To employ and discharge medical personnel, including physicians, psychiatrists, dentists, nurses and therapists as the Agent shall deem necessary for my physical, mental and emotional well being and to obligate me to pay them reasonable compensation.

(3) Power to Give or Withhold consent to Medical Treatment. To give consent to any medical procedures, tests or treatments, including surgery; to arrange for my hospitalization, convalescent care, hospice or home personnel and seek emergency treatment for me as the Agent shall deem appropriate; and, under the circumstances in which the Agents determines that certain medical procedures, tests or treatment are no longer of any benefit to me, to revoke, withdraw or change consent to such procedures and hospitalization which the Agent may have previously authorized.

(4) Power to Authorize Relief from Pain. To consent to the administration of pain-relieving drugs calculated to relieve my pain even though their use may lead to permanent physical damage addiction or even hasten the moment (but not intentionally cause) my death.

(5) Power to Grant Releases. To grant, in conjunction with any instructions given under this Article, releases to hospital staff physicians and nurses and other medical and hospital administrative personnel who act in reliance on instructions given by the Agent or who render written opinions to the agent in connection with any matter described in this Article from all liability for damages suffered or to be suffered by me; to sign documents titled or purporting to be a "Refusal to Permit Treatment" and "Leaving Hospital Against Medical Advice," as well as any necessary waivers of or releases from liability required by any hospital or physician to implement my wishes regarding medical treatment or non-treatment.

**ARTICLE III**

I wish to live and enjoy life as long as possible, but I do not wish to receive futile medical treatment which I define as treatment that will provide no benefit to me and will only prolong my inevitable death or irreversible coma. I desire that my wishes be carried out through the authority given the Agent by this instrument despite any contrary feelings, beliefs or opinions of other members of my family, relatives or friends. In exercising the authority given the Agent herein, the

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Agent should try to discuss with me the specifics of any proposed decision regarding my medical care and treatment if I am able to communicate in any manner, even by blinking my eyes. The Agent is further instructed that if I am unable to give an informed consent to medical treatment, the Agent shall give or withhold such consent for me based upon my declarations following:

I have the primary right to make my own decisions concerning medical treatment that might unduly prolong the dying process. If the time comes when I can no longer take part in decisions for my own future, this declaration shall stand as the expression of my wishes:

I am familiar with the United States Supreme Court decision on June 25, 1990, in the case of Nancy Cruzan. I understand that that decision holds that there is no constitutionally protected right of self-determination with regard to medical care once a person is incapacitated to the extent that they can no longer give informed consent. And I further understand that the decision holds that it is the prerogative of the individual states to determine the rights of their residents with regard to the exercise of self-determination in medical matters.

I further understand the United States Supreme Court decision has affirmed the right of the State of Missouri to require clear and convincing evidence of its residents' intent with regard to granting informed consent to medical procedures to be initiated or terminated after an incompetency. I therefore execute this declaration as the exposition of my firm intention with regard to what medical procedures may be initiated or terminated should I become incapacitated to the extent that I cannot give informed consent.

I am further familiar with the case of Mary O'Connor in the State of New York in which the highest court of that state has held that beyond clear and convincing evidence of intention as required by the Missouri Supreme Court in Cruzan, there is an additional requirement that the fixed intention of the individual be shown to have continued to the date of incapacity. While I understand that that requirement is not implicit in the Cruzan decision, I wish to provide against the eventuality that the Missouri Supreme Court would hold that the O'Connor requirement of continuation of intent be shown.

I further state that, in view of the O'Connor decision and the possibility of its adoption by the Missouri Supreme Court, this declaration is continuing in nature; and, should I at any time have a change of mind with regard to the declarations herein contained, I will, in writing or before two witnesses, declare any revocation of this declaration or any changes.

I, therefore, unequivocally declare that if I am incapacitated to such an extent that I cannot give informed consent and am afflicted with an injury, disease or illness causing and incurable or irreversible condition, death-delaying medical procedures shall be withheld or withdrawn so that I shall be permitted to die naturally with only the administration of such medications or medical procedures as are deemed necessary to alleviate pain (even though such medications or procedures may shorten my remaining life).

While Section 459 of the Missouri Revised Statutes, 1986, provides for a living will declaration and contains a suggested form, it is my intention to utilize the statutory authority only to the extent necessary to provide health care providers with whatever civil and criminal protection may be afforded thereby. Therefore, in all respects I intend this declaration to be an exercise of my right to declare my intentions with regard to determining my medical care, hence I specifically modify the statutory definition of death-prolonging procedures to whatever extent applicable to include:

1. Ventilation (artificial breathing machine);
2. Blood transfusion;
3. Cardiopulmonary resuscitation;
4. Hemodialysis;
5. Procedures to provide artificial nutrition and hydration including but not limited to jejunostomy tubes and gastrostomy tubes;
6. Surgery or other invasive procedures;
7. Antibiotics;
8. Chemotherapy;
9. Radiation therapy;
10. All other "life-prolonging" medical or surgical procedures that are merely intended to

keep me alive without reasonable hope of improving my condition or curing my illness or injury.

I specifically include within the definition of incurable or irreversible conditions a total and irreversible cessation of brain function evidenced by a comatose or semi-comatose condition or a chronic and persistent vegetative state without any reasonable prospect of restoration of cognitive or sapient abilities and even though there may be minimal or reflexive functions of my brain stem or cerebral cortex and even though my respiration or circulation need not be artificially maintained or assisted and also including an irreversible cessation of spontaneous respiration and cardiac function if not artificially maintained.

I intend this declaration to take effect if I am incapacitated in a hospital in another state, according to the Full Faith and Credit clause of the U.S. Constitution.

In the absence of my ability to consciously and rationally give directions regarding the use of death-prolonging procedures, it is my intention that this declaration be honored by my physician, and health care provider, my family and the courts, as the final expression of my legal right to refuse medical or surgical treatment and to accept the consequences thereof.

In accord with my expressed desires and wishes as set out above, the Agent is authorized as follows:

- (1) to sign on my behalf any documents necessary to carry out the authorizations described, including waivers or releases of liability required by any health care provider;
- (2) to give or withhold consent to any medical care or treatment, to revoke or exchange any consent previously given or implied by law for any medical care or treatment, and to arrange for my placement in or removal from any hospital, convalescent home or hospice or other medical facility; and
- (3) to require that medical treatment which will only prolong my inevitable death or irreversible coma (including by way of example only such treatment as cardiopulmonary resuscitation, surgery or other invasive procedures, dialysis, the use of respirator, blood transfusions, antibiotics, procedures to provide artificial nutrition and hydration including but not limited to jejunostomy tubes and gastrostomy tubes, chemotherapy, radiation therapy, all other "life-prolonging" medical or surgical procedures that are merely intended to keep me alive without reasonable hope of improving my condition or curing my illness or injury, antiarrhythmic and pressor drugs or transplants) not be instituted or, if previously instituted, to require that it be discontinued.

#### DISCONTINUE FEEDING

The Agent is also authorized:

- (4) to require that procedures used to provide me with nourishment and hydration (including, for example, parenteral feeding, intravenous feedings, misting, and endotracheal or nasogastric tube use) not be instituted or, if previously instituted, to require that they be discontinued.

#### ARTICLE IV

This Durable Power of Attorney is effective when two (2) physicians decide and certify that I am incapacitated and unable to make and communicate a health care decision.

#### ARTICLE V

No person who relies in good faith upon any representations by my Agents shall be liable to me, my estate, my heirs or assigns, for recognizing the Agent's authority.

#### ARTICLE VI

I revoke any prior Living Will, Declaration of Health Care Directive executed by me. If I have appointed an Agent in a prior durable power of attorney, I revoke any health care terms contained in that durable power of attorney.

### ARTICLE VII

This document is intended to be valid in any jurisdiction in which it is presented. The provisions of this document are separable, so that the invalidity of one or more provisions shall not affect any others. A copy of this document shall be as valid as the original. **THIS IS A DURABLE POWER OF ATTORNEY AND THE AUTHORITY OF MY ATTORNEY IN FACT SHALL NOT TERMINATE IF I BECOME INCAPACITATED.**

### CERTIFICATION

I certify that I have read the provisions of this instrument authorizing the Agent to refuse medical treatment for me under the circumstances specified, that such provisions have been explained to me to my satisfaction, that I understand such provisions, and that such provisions state my wishes and desires under the circumstances described.

IN WITNESS WHEREOF, I have hereunto set my hand to this power on the 12th day of June, 2001 in Unionville, Putnam County, Missouri.

George Robert Williams  
GEORGE ROBERT WILLIAMS

The person who signed this document is of sound mind and voluntarily signed this document in our presence. Each of the undersigned witnesses is at least eighteen years of age.

Deborah A. Garrett of Unionville, Missouri

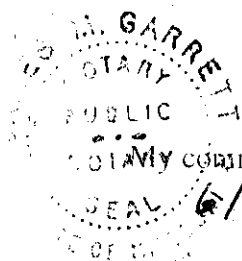
Cara D. Vice of Green Castle Missouri

STATE OF MISSOURI )  
)SS.  
County of Putnam )

On this 12th day of June, 2001, before me personally appeared George Robert Williams, to me known to be the person described in and who executed the foregoing instrument and acknowledged that she executed the same as her free act and deed.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal in the County of Putnam, State of Missouri, the day and year first above written.

James M. Garrett  
NOTARY PUBLIC



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